VITAL RECORDS DIVISION APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

1151 Taylor Street, Detroit, Michigan 48202 • (313) 876-0417 or (313) 876-4049 Office Hours: Monday - Friday 8 a.m. - 4 p.m.

INSTRUCTIONS:

- 1. Please read carefully the information below before completing the application.
- 2. To obtain a certified copy of a birth record, the applicant must indicate his/her relationship to the person named on the birth certificate. Certified copies of birth records can only be issued to the individual or the parent(s) named on the birth record. (MCLA 33.2882). This form is to be used to request certificates for births that occurred within the CITY OF DETROIT ONLY by MAIL ONLY.
- 3. Birth records for newborn children are not immediately available. Please allow 45 days from birth date of newborn before requesting a certified copy of the record. After 45 days, newborn birth records can be obtained by either mail-in application or walk-in request. All unwed births prior to October 1978 can be obtained only from Lansing.

For mail-in requests, complete the application and send a copy of your current ID, (driver's license or state ID) or three legal documents, along with a money order or certified check payable to the City of Detroit. **PLEASE DO NOT SEND CASH OR PERSONAL CHECKS.** To insure prompt return, please follow the above instructions carefully.

WALLET SIZED RECORDS ARE NOT AVAILABLE FOR DETROIT BIRTHS. PLEASE USE ONE FORM PER REQUEST (PRINT CLEARLY).

1.	Name at Birth:							
		(First)	(Middle)	((Last)			
2.	Place of Birth:	DETROIT		Date of Birth_				
		City	Hospital (if known)		Month	Day	Year	
3.	Mother's Name:							
		(First)	(Middle)	(Maio	(Maiden Name)			
4.	Father's Name:							
		(First)	(Middle)		(Last)			
NO	TE: Records can be p □ Yes □ No	provided only to established	person(s). Are you one of the	established perso	n(s) name	d on Line	1, 3 or 4?	
		relationship to the person i	n Line 1?					
	or adults that are		ne 1, 3 or 4, you must present leads not listed on the record are not tion.					
5.	Applicant's Signature:							
PLE	EASE PRINT YOUR NAME	AND MAILING ADDRESS BELO	W Please se	end the following:	Fee	Senior (65	5 and older)	
Name			☐ Certi ————————————————————————————————————	ied Original Certificate	\$20	\$7	7	
Address			Addi	Additional Copies\$5		\$5	5	
City			Total Am	nount Enclosed \$			_	
State Zip				MAKE MONEY OF Payable to: Cit			(
Telephone								
Email Address				Mail to: Vital Records Division - 1151 Taylor Detroit, Michigan 48202				
		1	THIS BOX FOR INTERNAL USE ONLY					
	Certificate No			Year	# of Co	pies		

VITAL RECORDS DIVISION

1151 Taylor, Detroit, MI 48202

IDENTIFICATION REQUIREMENTS

To protect you and the community from identity theft, we require proper identification with your birth application request.

GROUP 1: If you have a valid Photo ID from this group, only 1 piece of ID is required.

- ◆ A valid Michigan Driver's License or State ID Card
- Current High School ID Card (Students 16 years or older)
- Valid driver's license or identification card issued by another U.S. state, jurisdiction or territory.

GROUP 2: If you have a Picture ID from this group, 1 more document is required from Group 3.

- Valid Foreign/USA Passport
- Expired Foreign/USA Passport (within 1 year)
- Veteran's ID Card
- Military ID
- Prison ID
- ◆ Expired Driver's License or State ID Card (within one year of expiration)
- ◆ Expired High School ID
- University or College ID

GROUP 3: Three different pieces of ID will be required from this list (must be dated within one year):

- Bridge Card
- Health Insurance Card
- Probation Papers
- School Transcript
- U.S. Selective Service Card
- Voter's Registration Card
- Current Utility Bill
- FIA Documents
- Military Service Records

- Employment ID w/Photo
- Current Pay Stub
- ♦ W-2 Form
- Vehicle Registration
- Vehicle Title
- INS Resident Alien Card
- Divorce Decree
- Marriage License

Individuals under the age of 16 are unable to request a copy of their own record.